

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035147

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1132 Registrar's No.

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF R. J. Felling Medical Certification

FILED SEP 25 1963

## 1. PLACE OF DEATH

a. COUNTY

Ruchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Crawford Twn.

Length of stay in 1b

life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

1 mi. W. of Wallace

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ruchanan

c. CITY

OR TOWN

Crawford Twn.

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Sidney

Middle Huston

Last Dean

4. DATE OF DEATH

Month Day Year

Sept. 19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-3-83

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Deerborn, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Sidney H. Deen

13b. MOTHER'S MAIDEN NAME

Mary G. Leevel

14. NAME OF HUSBAND OR WIFE

Allyn Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. S.H. Deen Dearborn, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 10, 1961 to Sept. 19 and last saw her alive on Sept. 19, 1963  
Death occurred at 9 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

D.O.

Weston, Missouri

22c. DATE SIGNED

9/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-21-63

23c. NAME OF CEMETERY OR CREMATORY

Deerborn Cemetery

23d. LOCATION (City, town, or county)

Deerborn, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vaughn-Aufreno Dearborn, Missouri

25. DATE RECD. BY LOCAL REG.

Sept. 23, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

USE BLACK INK

OR

TYPEWRITER RIBBON

No permits requested.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. R. Vaughn  
Licensed Embalmer No. 4823

P. O. Address Weston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.